3605 MISSOURI BOULEVARD P.O. BOX 1339 JEFFERSON CITY, MO 65102 (573) 751-2628 FAX (573) 751-2777 realestate@pr.mo.gov www.pr.mo.gov/realestate.asp

FOR MREC USE ONLY

BROKER/ENTITY NAME

☐ PCB

TYPE OF LICENSE

☐ PCS

DATE

PROFESSIONAL CORPORATION APPLICATION

INSTRUCTIONS

THIS FORM IS TO BE SUBMITTED ONLY AFTER HAVING RECEIVED YOUR "CERTIFICATE OF INCORPORATION (PROFESSIONAL)" OR "CERTIFICATE OF AUTHORITY-FOREIGN PROFESSIONAL" FROM THE MISSOURI SECRETARY OF STATE.

PLEASE FOLLOW ALL INSTRUCTIONS LISTED BELOW TO AVOID HAVING YOUR APPLICATION RETURNED.

| APPLICATION RETURNED. | | | FEE RECEIVED | |
|---|---|---|---|-------------------------|
| 1) Applicant must complete Sections 1 thru 8. Broker must complete Section 9. | | | | |
| 2) Attach your Certificate of Incorporation (Profess Professional. | ional); OR, if you are a no | onresident, subn | nit your Certificate | of Authority-Foreign |
| 3) Attach your current Missouri license (a copy is not | acceptable). | | | |
| 4) Fee Required: \$80.00. Submit a check or money | order made payable to the M | issouri Real Esta | ate Commission. | |
| | | | | |
| 1. NAME OF LICENSEE LAST FIRST | M | IDDLE 2. LI | CENSE NUMBER OR SOCIA | L SECURITY NUMBER |
| NAME OF PROFESSIONAL CORPORATION | | 4. T | 4. TYPE OF PROFESSIONAL CORPORATION Salesperson Broker-Salesperson | |
| 5a. PHYSICAL RESIDENCE ADDRESS (NUMBER, STREET, CITY, STATE, Z | P CODE) | | | Broker Galespercen |
| 5b. MAILING ADDRESS IF DIFFERENT THAN PHYSICAL ADDRESS (NUMBE | R, STREET, CITY, STATE, ZIP CODE) | | | |
| HOME TELEPHONE NUMBER (INCLUDE AREA CODE) 7. PERSONAL EMAIL ADDRESS | | MAIL ADDRESS | | |
| 8. SALESPERSON/BROKER-SALESPERSON STA | ΓEMENT | | | |
| This includes Suspended Imposition of Sententellony convictions, and alcohol-related offenses previously disclosed to this Commission and poffense, court location, and case number on a sep B. Have you ever had a real estate application denied or or otherwise disciplined in Missouri or any other state Commission and provide name of state or jurisdict separate sheet. | s (i.e. DWI and BAC). Check rovide the date of the convict arate sheet. your real estate license suspen e or jurisdiction? Check yes if | yes if the offen- ion and/or pleadi ded, revoked, pla not previously o | se has not been ng, nature of the ced on probation, disclosed to this | ☐ Yes ☐ No |
| I hereby attest and affirm that the information provid I understand that if this information is not true and communication amount and the Missouri Real Estate Commission signing below. | rrect, I am subject to the per | alties of making | a false affidavit. I a | so understand that I |
| SIGNATURE OF APPLICANT | | | DATE | |
| 9. BROKER'S STATEMENT | | | | |
| I certify that I am the sponsoring broker for the above | -named applicant and that I v | vill be responsible | e for the applicant's | real estate activities. |
| SIGNATURE OF BROKER | BROKER NAME, PRINTED OR TYPED | | DATE | |
| NAME OF BROKER/ENTITY AS IT APPEARS ON LICENSE | | | BROKER/ENTITY LICENSE NUMBER | |
| BUSINESS ADDRESS (MAIN OFFICE ONLY) (NUMBER, STREET, CITY, STA | TE, ZIP CODE) | | | |

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)

BROKER EMAIL ADDRESS